

## **Post Event Summary Report for Independent Aging Agenda Events, WHCoA**

**Name of Event:** 2005 Wyoming Governor's Summit on Aging: "Challenges and Opportunities"

**Date of Event:** May 18-20, 2005

**Location of Event:** BW Hitching Post Inn, Cheyenne, Wyoming

**Number of Persons Attending:** 155+

**Sponsoring Organizations:** Aging Division of the Wyoming Department of Health  
AARP Wyoming, Wyeth, Administration on Aging, Victim Services Division of the Wyoming Attorney General's Office, and the Developmental Disabilities Division of the Wyoming Department of Health

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### **Background**

The 2005 Wyoming Governor's Summit on Aging, held May 18-20, 2005, was intended to be very different from the traditional Governor's Conference on Aging, which has been held every two years for the past two decades. The idea was to move the event beyond being an informational and social event to a gathering that would focus on important issues that will affect the manner in which Wyoming meets the challenges, and capitalizes on the opportunities, of a rapidly aging population.

The "baby boomer" generation will have, and has already begun to have, a tremendous effect on Wyoming's demographics. The latest U.S. Census Bureau projections indicate that Wyoming will be the second "oldest" state in the country by the year 2030. The Governor's Summit on Aging brought together a dynamic mix of people from all walks of life, including state legislators, and all areas of the state to learn more about the important issues and challenges facing our communities, and to use that information to develop priorities and strategies for meeting current and future needs.

After participants had been involved in the impressive Summit plenary and breakout sessions (which included nationally and regionally acclaimed speakers), there was a special session on the last morning of the Summit that facilitated discussions on three main topic areas that are elements of the WHCoA's General Issue Areas, as follows:

- 1) Workforce Issues and Volunteerism
- 2) Financial Issues and Economic Security
- 3) Health Care Access and Delivery

People selected the topic that interested them most, and then broke into groups to discuss their views about what were the most important things that could be done to move forward in these areas

of concern. Each topic group then presented their recommendations to the full Summit group, and the full group voted on what they perceived as the top priorities. Those priorities of the Summit participants are detailed below. *(These priority issues do not necessarily reflect the views of the Governor, the Aging Division or the Wyoming Department of Health.)*

**Priority Issue #1:     Encourage and support increased volunteerism in a more systematic and creative way.**

**Barriers:**

The issues that this Workforce and Volunteerism group identified were related to an aging workforce in Wyoming, as well as a lack of youth and a lack of skilled workers within the state. The group identified low pay and an overall lack of training as directly affecting the workforce issues. The “frontier” nature of Wyoming lends itself to housing and transportation issues which further complicate solutions.

There is need for greater volunteerism and a systematic way to connect people for meeting the needs of an aging population, and to create a “share the care” concept for communities. Volunteers are not always valued the same as employees, and this includes issues around training, performance review and appreciation. We do not do a good job of validating and rewarding individuals in our current workforce (aging services), including volunteers.

**Proposed Solutions:**

The number one solution identified to address this priority is to develop “Time Dollar Exchanges” or “Time Banks” throughout Wyoming. As attendees learned through Summit sessions, Time Dollars are a special kind of “money” that enables people to help one another by doing the things that they do best through a volunteer situation. One hour of helping another earns one Time Dollar. Time Dollars can be used to purchase services from other Time Dollar members and rewards from a “Time Dollar Store”. This approach fosters partnerships, capacity-building, new ideas and trust, and taps unused assets in the community to meet identified needs, including support for in-home services for the elderly and disabled.

This type of a system could also encourage intergenerational activities that value both youth and seniors. It will provide clear ways to appreciate and validate volunteers and the people they serve. It was felt that this effort could help to “un-fragment” our systems and strengthen communities and families.

**Priority Issue #2:     Financial/retirement planning information and advice should be available from one trusted place.**

**Barriers:**

This priority is derived from the discussions of the Financial Issues and Economic Security workgroup at the Summit. People are distrustful of seeking information and advice from a financial resource that has its own agenda or is attempting to sell a specific product.

Financial planning and related legal advice are not always available at a reasonable cost, which can be a major barrier to low-income people. There is a need for low-cost or no-cost services to assist people with their financial security efforts.

There is not enough education and training provided for people throughout their younger years to help them start and maintain their financial planning early, and prepare for needs in their later years.

### **Proposed Solutions:**

The most important solution identified is to create an Aging and Disability Resource Center, so that people will have one source to contact for objective financial/retirement planning information and advice, at no cost or low cost. A Senior Services Trust Fund, utilizing income from Wyoming's oil, gas, and mineral assets could help to provide on-going support for the center in our state. (Note: The University of Wyoming, in partnership with the Aging Division and other partner agencies, is currently applying for the Aging and Disability Resource Center grant from the Administration on Aging and CMS.)

Financial management and planning should be stressed in the current education system so that people have the knowledge and information from trusted sources.

**Priority Issue #3:     Rural and “frontier” areas of the country need to have systemic, flexible support, both financial and programmatic, for the development of creative options to address health care access.**

### **Barriers:**

This issue came to the fore in the discussions of the Health Care Access and Delivery topic group at the Summit. The small, geographically-isolated “frontier” communities of Wyoming, and the long distances that many people must travel to access quality health care, are very valid concerns that shape the delivery of services. Transportation barriers are always an issue, and they particularly affect the elderly and disabled.

Wyoming has shortages of health care professionals, such as nurses, certified nursing assistants (CNAs), therapists, and physician specialists. Many small communities are not large enough to support full-time medical specialists or multiple physicians, but they do need to have health care available to them. There is also little infrastructure available in these small towns for organized wellness and prevention programs that can improve lives and lessen the health care impacts.

When people have to travel long distances to access health care, there is also a financial barrier or burden, since there are costs involved in such things as fuel needs, having to lose hours at work, and possibly staying overnight.

Funding sources, including federal/state programs and private insurance companies, are often reluctant to support, or provide reimbursements for, services that are not delivered in traditional ways or settings.

## **Proposed Solutions:**

The need for mobile health care units was selected as the highest priority solution for access to health care in the very rural or “frontier” areas. These units are envisioned as being fully staffed and equipped to provide a range of health care services, such as basic medical, dental, vision, therapy, wellness, and other needs, as well as periodic specialty care. Mobile units would have scheduled stops in small towns where these services are not readily available within the community. Follow-up visits could be scheduled at times when the mobile unit would be back in town. This would bring the advantages of health care to the community without having to recruit or support the full-time health care practitioners.

Law, rule and policy changes should be further explored to encourage alternative health care delivery methods and options, by ensuring that providers can get paid and consumers can receive the health care services, coverage and benefits they need, where they need it.

Urgent Care Centers were also proposed as a possible option to care for emergency medical needs in small communities where hospitals are not economically feasible.

## **Priority Issue #4: States and communities need to do a better job of creating partnerships and utilizing existing resources**

### **Barriers:**

Systems and programs seem to be too fragmented, and narrowly focused. There is too much duplication of effort, especially in the areas of resource development and training.

Partnerships are often only superficial, and there is very little intergenerational programming and planning.

Funding sources often add to fragmentation of services and resources by having restrictive regulations and requirements that create barriers to true partnerships and best utilization of dollars.

## **Proposed Solutions:**

The full Summit group wanted to emphasize improvement in partnering with existing community resources. It was felt that increased efforts in this area could “un-fragment” our systems and strengthen communities and families. Emphasis was on better utilization of current resources and partnerships, with a focus on increasing partnerships on an intergenerational level. Two examples were to “share” in trainings already in place, and to implement car pooling to address transportation concerns.

Funding sources, such as federal/state entities and large private funders, need to re-think the way that they structure grant programs and other enterprises, so that people and organizations can work together in the most effective and efficient way possible.

**Conclusion:**

The 2005 Wyoming Governor's Summit on Aging served as a catalyst for people to gain knowledge and ideas, consider the applications of that knowledge and idea, and explore ways to implement changes that will help our state to meet the challenges of a changing population. It was a great opportunity for attendees to, in some small way, provide some input to the 2005 White House Conference on Aging as it deals with recommendations on the crucial issues of the future.